

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/17/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445109	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/08/2017
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, COLUMBIA			STREET ADDRESS, CITY, STATE, ZIP CODE 101 WALNUT LANE COLUMBIA, TN 38401		
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F 000	INITIAL COMMENTS A recertification survey and complaint investigation #39697 were completed on 2/6/17 - 2/8/17 at NHC Healthcare of Columbia. No deficiencies were cited related to the complaint investigation. Deficiencies were cited related to the recertification survey under 42 CFR PART 483, Requirements for Long Term Care Facilities.	F 000	This plan of correction is submitted as required under State and Federal law. The submission of this plan does not constitute an admission on the part of NHC HealthCare Columbia as to the accuracy of the surveyor's findings nor the conclusions drawn there from. The Center's submission of the Plan of Correction does not constitute an admission on the part of the Center that the findings cited are accurate, the findings constitute a deficiency, or that the scope and severity regarding any deficiencies cited are correctly applied.		
F 278 SS=D	483.20(g)-(j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED (g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. (h) Coordination A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. (i) Certification (1) A registered nurse must sign and certify that the assessment is completed. (2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. (j) Penalty for Falsification (1) Under Medicare and Medicaid, an individual who willfully and knowingly- (i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or	F 278	 F 278: The center will ensure the assessment accurately reflects the resident's status. Resident #26's MDS was modified by the MDS coordinator to reflect the accurate dialysis status of the patient. MDS coordinator reviewed section 00100 of the MDS for all patients receiving dialysis services for accuracy of the assessment and coding, all MDS are in compliance. DON met with MDS Coordinator regarding assessment and coding of section 00100. Instructed MDS Coordinator on process of reviewing for dialysis status during 7 day look back period when competing MDS.	2/8/17 2/8/17 2/8/17	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

C. Scott Birchwell

TITLE

Administrator

(X6) DATE

03/01/2017

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 278	<p>Continued From page 1</p> <p>(ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than \$5,000 for each assessment.</p> <p>(2) Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to accurately assess the dialysis status for 1 Resident (#26) of 2 residents reviewed for dialysis.</p> <p>The findings included:</p> <p>Resident #26 was admitted to the facility on 3/5/15 with diagnoses of End Stage Renal Disease, Stage 5 Chronic Kidney Disease, Anemia and Dependence of Renal Dialysis.</p> <p>Medical record review of the Quarterly Minimum Data Set (MDS) dated 11/11/16 revealed the facility failed to accurately assess the dialysis services provided.</p> <p>Medical record review of a Physicians Order dated 3/5/15 revealed "Hemodialysis at (named) dialysis clinic."</p> <p>Interview with the MDS Coordinator responsible for the accuracy of the MDS assessment, on 2/8/17 at 2:00 PM at the AB nurses station confirmed the facility failed to accurately address the dialysis status for the resident on the 11/11/16 Quarterly MDS.</p> <p>Interview with the Director of Nursing (DON) on 2/8/17 at 2:25 PM at the AB nurses station</p>	F 278	<p>DON will complete audit of section 00100 of the MDS for patients receiving dialysis services for accuracy of assessment and coding. Audits will be conducted weekly X 4 and then Monthly X 2 until no trending is noted. Audits will be presented to the Center's Quality Assurance Committee comprised of the Administrator, DON, Medical Director, (5) physicians, ADON, Medical Records, Social Services, and Rehab Coordinator. The Quality Assurance Committee will make recommendations and develop a plan of action if an area of non-compliance is noted.</p>		3/23/17

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F 278	Continued From page 2	F 278			
F 282 SS=D	<p>confirmed the facility failed to accurately address the dialysis status of Resident #26.</p> <p>483.21(b)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(ii) Be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview the facility failed to provide the treatment as ordered for an unstageable pressure ulcer to the coccyx of 1 Resident (#156) of 5 residents reviewed with pressure ulcers.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #156 was admitted to the facility on 1/2/17 with diagnoses including Pressure Ulcer of Ischium, Pressure Ulcer of Left Shoulder, Pressure Ulcer of Coccyx Region Unstageable, Pressure Ulcer of Left Hip Unstageable, Pressure Ulcer of Left Elbow Unstageable, Severe Protein Malnutrition, Adult Failure to Thrive, Cognitive Communication Deficit, Enterocolitis due to Clostridium Difficile, Chronic Pain, and Osteoarthritis.</p> <p>Medical record review of an Admission Minimum Data Set (MDS) dated 1/20/17 revealed the resident was admitted to the facility with 9 unstageable pressure ulcers and 3 suspected</p>	F 282	<p>F 282: Services will be provided or arranged by the center and provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Wound Care Nurse contacted Resident #156's physician regarding current pressure ulcer treatment. Resident's physician gave orders to change the patient's treatment plan for the coccyx wound to Santyl Ointment with a cover dressing. Resident 156's plan of care was updated to reflect the new order.</p> <p>DON met with the center's Wound Care Nurse to review policy and procedure related to treatment of Resident 156 as well as all patient wounds regarding professional standards of practice. To include confirming current orders prior to providing treatment.</p> <p>DON or her designee will in-service nursing staff regarding professional standards of practice related to wound care. To include confirming current orders prior to providing treatment.</p>	<p>2/8/17</p> <p>2/8/17</p> <p>3/23/17</p>	

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F 282	Continued From page 3 deep tissue injury wounds. Treatment included pressure ulcer care, application of ointment/medications, and non surgical dressings. Medical record review of the Care Plan dated 1/3/17 revealed a problem of Skin related to multiple pressure wounds. Approaches included, "...Provide wound care per orders to following wounds: Coccyx-unstageable wound..." Medical record review of the Physician's Orders dated 1/4/17 revealed, "...Clean unstageable wound to Coccyx with normal saline pat dry apply Aquacel [foam dressing that gels on contact] and cover dsg [dressing] qod [every other day]..." Observation of wound care with the Wound Care Nurse with the MDS nurse present, on 2/8/17 at 10:40 AM in Resident #156's room revealed the Wound Care Nurse was providing pressure ulcer treatment to the resident's coccyx. Continued observation revealed the Wound Care Nurse applied Santyl (an enzyme prescription ointment used to clean wounds to aid in healing) to the resident's coccyx before placing a dressing over the pressure ulcer. Interview with the Wound Care Nurse on 2/8/17 at 11:30 AM at the AB Nurse Station confirmed she applied Santyl ointment instead of Aquacel to the resident's coccyx during wound care. Continued interview confirmed the Wound Care Nurse failed to follow the care plan for treatment of a pressure ulcer to the coccyx of Resident #156. Interview with the Director of Nursing (DON) on 2/8/17 at 4:00 PM in the DON's office confirmed	F 282	DON or her designee will conduct random weekly competency check of the wound treatment applications to ensure patient care plan interventions are accurately documented on the care plan per physician's orders and interventions are carried out by qualified persons in accordance with each resident's written plan of care. Competency checks will be conducted weekly X 4 and then Monthly X 2 until no trending is noted. Results will be presented to the Center's Quality Assurance Committee comprised of the Administrator, DON, Medical Director, (5) physicians, ADON, Medical Records, Social Services, and Rehab Coordinator. The Quality Assurance Committee will make recommendations and develop a plan of action if an area of non-compliance is noted.		3/23/17

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F 282	Continued From page 4	F 282			
F 314 SS=D	<p>the facility failed to follow the care plan for treatment of a pressure ulcer for Resident #156.</p> <p>483.25(b)(1) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>(b) Skin Integrity -</p> <p>(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on facility protocol review, medical record review, observation and interview, the facility failed to provide the treatment as ordered for an unstageable pressure ulcer to the coccyx of 1 Resident (#156) of 5 residents reviewed for pressure ulcers.</p> <p>The findings included:</p> <p>Review of facility policy How to Perform a Dressing Change, undated revealed, "...Review the Physician's order..."</p> <p>Review of facility Documentation Guidelines</p>	F 314	<p>F 314: Treatment and services will be provided to prevent and/or heal pressure sores.</p> <p>Wound Care Nurse contacted Resident #156's physician regarding current pressure ulcer treatment. Resident's physician gave orders to change the patient's treatment plan for the coccyx wound to Santyl Ointment with a cover dressing. Resident 156's plan of care was updated to reflect the new order.</p> <p>DON met with the center's Wound Care Nurse to review policy and procedure related to treatment of Resident 156 as well as all patient wounds regarding professional standards of practice. To include confirming current orders prior to providing treatment.</p> <p>DON or her designee will in-service nursing staff regarding professional standards of practice related to wound care. To include confirming current orders prior to providing treatment.</p>	<p>2/8/17</p> <p>2/8/17</p> <p>3/23/17</p>	

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F 314	Continued From page 5 revealed, "Routine...Treatments are given only on orders of a physician..." Medical record review revealed Resident #156 was admitted to the facility on 1/2/17 with diagnoses including Pressure Ulcer of Ischium, Pressure Ulcer of Left Shoulder, Pressure Ulcer of Coccyx Region Unstageable, Pressure Ulcer of Left Hip Unstageable, Pressure Ulcer of Left Elbow Unstageable, Severe Protein Malnutrition, Adult Failure to Thrive, Cognitive Communication Deficit, Enterocolitis due to Clostridium Difficile, Chronic Pain, and Osteoarthritis. Medical record review of an Admission Minimum Data Set (MDS) dated 1/20/17 revealed the resident was admitted to the facility with 9 unstageable pressure ulcers and 3 suspected deep tissue injury wounds. Treatment included pressure ulcer care,application of ointment/medications and non surgical dressings. Medical record review of the Physician's Orders dated 1/4/17 revealed, "...Clean unstageable wound to Coccyx with normal saline pat dry apply Aquacel [foam dressing that gels on contact] and cover dsg [dressing] qod [every other day]..." Observation of wound care with the Wound Care Nurse with the MDS nurse present, on 2/8/17 at 10:40 AM in Resident #156's room, revealed the Wound Care Nurse was providing pressure ulcer treatment to the resident's coccyx. Continued observation revealed the Wound Care Nurse applied Santyl (an enzyme prescription ointment used to clean wounds to aid in healing) to the resident's coccyx before placing a dressing over the pressure ulcer.	F 314	DON or her designee will conduct random weekly competency check of the wound treatment applications to ensure patient care plan interventions are accurately documented on the care plan per physician's orders and interventions are carried out by qualified persons in accordance with each resident's written plan of care. Competency checks will be conducted weekly X 4 and then Monthly X 2 until no trending is noted. Results will be presented to the Center's Quality Assurance Committee comprised of the Administrator, DON, Medical Director, (5) physicians, ADON, Medical Records, Social Services, and Rehab Coordinator. The Quality Assurance Committee will make recommendations and develop a plan of action if an area of non-compliance is noted.		3/23/17

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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: 7T7F11 Facility ID: TN6005 If continuation sheet Page 7 of 10

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F 356	<p>Continued From page 7</p> <p>(2) Posting requirements.</p> <p>(i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift.</p> <p>(ii) Data must be posted as follows:</p> <p>(A) Clear and readable format.</p> <p>(B) In a prominent place readily accessible to residents and visitors.</p> <p>(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to post the nurse staffing information on a daily basis for 2/4/17 and 2/5/17.</p> <p>The findings included:</p> <p>Observation on 2/6/17 at 9:05 AM in the front lobby of the facility, during the initial tour, revealed the facility failed to post the nurse staffing information for 2/6/17.</p> <p>Interview with Licensed Practical Nurse (LPN) #1 on 2/6/17 at 9:20 AM at the AB nurse's station</p>	F 356	<p>DON or her designee will conduct random weekly audits of the Nurse Staffing Posting. Audits will be conducted weekly X 4 and then Monthly X 2 until no trending is noted. Results will be presented to the Center's Quality Assurance Committee comprised of the Administrator, DON, Medical Director, (5) physicians, ADON, Medical Records, Social Services, and Rehab Coordinator. The Quality Assurance Committee will make recommendations and develop a plan of action if an area of non-compliance is noted.</p>		3/23/17

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F 356	Continued From page 8 confirmed the nurse staffing information was not posted for 2/4/17 and 2/5/17. Continued interview with LPN #1 confirmed the daily nurse staffing information for 2/6/17 was posted by 10:00 AM. Interview with the Director of Nursing (DON) on 2/7/17 at 1:30 PM in the classroom confirmed the facility failed to post the nurse staffing information for 2/4/17 and 2/5/17.	F 356			
F 364 SS=F	483.60(d)(1)(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP (d) Food and drink Each resident receives and the facility provides- (d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; (d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature; This REQUIREMENT is not met as evidenced by: Based on facility policy review, observation and interview, the facility dietary department failed to serve hot food at or above 135 degrees Fahrenheit (F) and cold food at or less than 41 degrees F. The findings included: Review of facility policy, Safety & (and) Sanitation Best Practice Guidelines, revised 1/2011 revealed "...Time and Temperature Control...Hot food will be held at 135 degrees F or above...Cold food will be held at 41 degrees F or lower..." Observation on 2/6/17 beginning at 11:25 AM in	F 364	<p>F 364: The center will provide food and drink that is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Dietary Manager pulled the two pureed texture trays from the cart prior to being served to patients and removed the milk cartons not covered in ice from the holding container before being served. The pork loin was removed from the steam table and brought up to required temperature prior to being served.</p> <p>Registered Dietitian removed the milk containers not in contact with ice prior to being served.</p> <p>Dietary Manger reviewed the Safety and Sanitation Best Practice Guidelines with dietary staff regarding time and temperature control for food and beverages. To include procedures for checking temperatures at time of service to ensure required temperatures.</p>		<p>2/6/17</p> <p>2/7/17</p> <p>2/8/17</p>

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F 364	<p>Continued From page 9</p> <p>the dietary department of the resident mid-day meal trayline service, revealed 1 tray delivery cart including 2 pureed texture meals had left the dietary department for tray distribution to the residents. Continued observation revealed milk cartons stacked in a container of ice with no ice in contact with the 3 cartons of milk on the upper layer. Further observation revealed the Dietary Manger obtained a temperature of 116.5 degrees F for the pureed pork loin stored in the steamtable and 47 degrees F for milk in the upper layer not in contact with the ice.</p> <p>Observation on 2/7/17 at 7:20 AM in the dietary department of the resident morning meal trayline service revealed milk cartons stacked in a container of ice with no ice in contact with the 5 cartons of milk on the upper layer. Further observation revealed the Registered Dietitian obtained a temperture of 46 degrees F for the milk on the upper layer not in contact with the ice.</p> <p>Interview with the Dietary Manager and the Registered Dietitian on 2/6/17 at 11:35 AM and the Registered Dietitian on 2/7/17 at 7:30 AM in the dietary department confirmed the facility failed to maintain the pureed pork loin at or above 135 (140) degrees F and the milk at or less than 41 (45) degrees F.</p> <p>Interview with the Dietary Manager on 2/8/17 at 4:39 PM in the classroom confirmed the facility failed to follow the facility policy to maintain hot food at or greater than 135 degrees F and maintain cold food at or less than 41 degrees F.</p>	F 364	<p>Dietary Manager and Registered Dietitian will conduct random audits for all meal services to ensure temperatures are recorded and accurate prior to meal service. Audits will be conducted weekly X 4 and then Monthly X 2 until no trending is noted. Results will be presented to the Center's Quality Assurance Committee comprised of the Administrator, DON, Medical Director, (5) physicians, ADON, Medical Records, Social Services, and Rehab Coordinator. The Quality Assurance Committee will make recommendations and develop a plan of action if an area of non-compliance is noted.</p>	3/23/17	